

Overhead Utilities Permit

Job Name:		Document Control No: (PERMIT-Date-Initials) PERMIT-	
Date/Time Permit Requested:	Date/Time Permit Issued:	Date/Time Permit Expires:	
GENERAL INFORMATION			
Location (where work is carried out):		Description of Work (describe scope of work & type of equipment used):	
Description of overhead utilities:			
Voltage of power lines:			
Are guy wires present? Describe:			
Working distance from power lines & guy wires:			
Physical hazards present (e.g. traffic, poles):			
Potential accident hazards:			
Measures to prevent contact:			
SAFETY REVIEW			
For any item answered "NO", a Management of Change shall be completed before work can proceed.			
	Yes	No	NA
1. Have all relevant utility companies been contacted (including telephone, cable or other)?			
2. Have the voltages been verified? If not determined, maximum clearance will be used.			
3. Has a pre-job safety meeting and TSEA been conducted with workers immediately prior to work around overhead utilities and guy wires?			
4. Has everyone involved in the work reviewed the specific emergency response procedures in the even of electrical contact and are those procedures available for review?			
5. Are visible barriers, markings or a spotter available?			
6. Have other work permits been issued?			

AFFECTED WORKER SIGNATURES			
I understand the nature of the work and certify that the above conditions shall be observed at all times			
Name/Signature	Company	Date	Time
AUTHORIZING SIGNATURES			
Issuing Authority:		Performing Authority:	